



CITY OF ENCINITAS
Development Services Department
505 S. Vulcan Ave
Encinitas, CA 92024
www.encinitasca.gov
Phone: 760-633-2730
Email: building@encinitasca.gov

BUILDING PERMIT RE-ROOFING APPLICATION – SUPPLEMENTAL

The following information shall be provided for City review and approval prior to issuing a building permit for re-roofing.

Please complete all questions. Incomplete or missing information may result in a delay of the processing of your application.

Roof slope: Rise: _____ inches in 12 inches. Roof area (square feet): _____

New Roof type: _____

New Roof trade name and manufacturer: _____

New Roof weight per square*: _____

*If the new roof is over 900 lbs per square and not a lift and relay of the existing roofing, please submit one of the following:

1. Both the existing and proposed manufacturer's specifications; or
2. Structural Calculations from an engineer to confirm the new roofing material will be supported.

Class "A" Roof Assembly approval: ICC# _____ U.L. # _____

Type of existing roof and weight per square: _____

- Will existing roof be removed? Yes No
- Is there more than one existing roof? Yes No
- Work Type (choose one): Partial Re-Roof Complete Re-Roof
- Is the existing structural design sufficient to sustain the weight of the proposed new roof? (If not, an analysis will be required by a licensed design professional)
- Yes No

The pre-roofing inspection may be accomplished by a special inspector in lieu of the City inspector. The Building Official has determined that a State licensed general contractor or roofing contractor is qualified to act as the special inspector.

- I agree to perform all work in accordance with the manufacturers approved Class "A" ICC or UL listing, including roof deck, underlayment, interlayment, insulation and roof covering to the listing.
- A licensed general contractor or roofing contractor will act as the pre-roofing special inspector and will certify in writing prior to final City approval that the pre-roofing inspection was made and that the substrate and/or existing roof is adequate prior to application of the new roof.

ACKNOWLEDGMENT

- By checking this box, I certify under penalty of perjury that all information submitted with this application is true and correct.

Name (Must be property owner or authorized agent): _____

Contractor's Firm Name: _____ State License Number _____